DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11703

Registration District No. 551 — Primary Registration District No. 5744 — Registrar's No. 3

1. PLACE OF DEATH:
(a) County Marion — Township
(b) City or town Ewing (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: V
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 83 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Ewing (If outside city or town limits, write "RURAL")
(d) Street No. Rural - south of Ewing. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Arthur Bruce Boyer
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Sarah A. Boyer
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Dec. (Month) 10 (Day) 1856 (Year)

8. AGE: Years 83 | Months 3 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Marion Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Samuel Boyer
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hassie White
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Edgar Jones
(b) Address Ewing, Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Asbury Church
18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing, Mo.
19. (a) 3 11 1940 (Date received local registrar) (b) J. M. Crebs (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1940 hour 12 minute 30 A. M.
21. I hereby certify that I attended the deceased from Mar. 1, 1940, to Mar 10, 1940, that I last saw him alive on Mar 6, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Stenosis	
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. C. E. Shreve (M. D. or other) D.O.
Address Philadelphia Mo. Date signed 3/11/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 6-17-39
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.